MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/069313

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/				
4		3		/		
5		3		/		
6		6		/		
7		6		/		
8		6		/		
9		6		/		
10	/		/			
11		6		/		
12		6		/		
13		6		/		
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17		6				
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48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	34		26			
TOTAL CLAIMS			32			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS